

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Reed, Matthew
(Name of Plaintiff)

vs.

CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983

Byrnes, Donna; Byson
Rebecca; Barker, Paul; Windsor,
David; Henderson, Paula; Quesich,
Paul; Robideau, Richard; et al.
(Names of ALL Defendants)

Jury Trial Demand

CV-13-81-JPH

I. Previous Lawsuits

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner? ☒ YES ☐ NO

B. If your answer to A is yes, how many? 1 Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: Reed, Matthew

Defendants: Fenske, O'Neil, City of Lynnwood,
Lovick, Roe, Lewis, Snohomish County
Sheriff's Office, Boeing Employees Credit Union,
et al

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(Rev. 11/09)

CLERK, U.S. DISTRICT COURT
SPOKANE, WASHINGTON

2. Court (give name of District): U.S. District - Western Washington
3. Docket Number: _____
4. Name of judge to whom case was assigned: ~~Ronald~~ R. A. Jones
5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?):
Pending
6. Approximate date of filing lawsuit: 9/20/2012
7. Approximate date of disposition: Updated 11/13/12

II. Place of Present Confinement: Airway Heights Correction Center

A. Is there a prisoner grievance procedure available at this institution? ☒ YES ☐ NO

B. Have you filed any grievances concerning the facts relating to this complaint?

☒ YES ☐ NO

If your answer is NO, explain why not: _____

C. Is the grievance process completed? ☒ YES ☐ NO

D. Have you sought other informal or formal relief from the proper administrative officials regarding the acts alleged in this complaint?

☒ YES ☐ NO

If your answer is NO, explain why not: _____

III. Parties to this Complaint

A. Name of Plaintiff: Reed, Matthew Inmate No.: 339765

Address: AHCC-MAG 3, P.O. Box 2049, 11919 W. Sprague
Airway Heights, WA 98001

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use Item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant: Byrnes, Donna Official Position: CS-Hearings

Place of Employment: Airway Heights Correction Center

C. Additional Defendants (NOTE: These Defendants must be listed in the caption of the Complaint.): See Attached list of Defendants

IV Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

See Attached Complaint

V. **Relief**

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

See attached relief

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of February, 20 13.


(Signature of Plaintiff)